

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90798 001 ***122.50

DOCUMENT # N95000004373

1. Entity Name
**WAUCHULA LODGE, NO. 1700, BENEVOLENT AND
PROTECTIVE ORDER OF ELKS OF THE UNITED STATES
OF AMERIC**



Principal Place of Business
**318 WEST MAIN STREET
WAUCHULA, FL 33873**

Mailing Address
**318 WEST MAIN STREET
WAUCHULA, FL 33873**



03162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1090951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~DISHARON, RAMON~~ Woodburn, John M.
**318 WEST MAIN STREET
WAUCHULA, FL 33873**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John M. Woodburn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-6-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DISHARON, RAMON Woodburn, John M.
STREET ADDRESS	318 W MAIN ST
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	D
NAME	WOODEN, DENORAX Gainous, Martin
STREET ADDRESS	PO BOX 216 1778 Dena Circle
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	T
NAME	DISHARON, WANDA Jack Smith
STREET ADDRESS	PO BOX 216 345 Circle Dr.
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	T
NAME	GILL, ROBERT Gill, Robert I.
STREET ADDRESS	NELOX, HUNTER ROAD P.O. Box 687
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	D
NAME	LOVETT, SHIRLEY
STREET ADDRESS	POST OFFICE BOX 984
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	T
NAME	WOODBURN, JOHN Crider, Chris
STREET ADDRESS	POST OFFICE BOX 1218 4118 Santiago St.
CITY-ST-ZIP	WAUCHULA, FL 33873 Sebring, FL 33872

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John M. Woodburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-07

Date

863 781 3160

Daytime Phone #